

***Integrated Performance
Monitoring Report
Sustainability Report
Performance Period July 2004-September 2004***

October 2004

STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report

Department of Education

Department of Health

July 2004–September 2004

Introduction

This quarterly performance report reflects the joint commitment of the Departments of Health and Education to provide a comprehensive system of educational and behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. This Integrated Performance Monitoring Report, produced quarterly, provides information to all stakeholders regarding the maintenance of the critical infrastructure and level of system performance.

This report marks the beginning of the third year of quarterly reporting (eighth report) submitted by the State of Hawaii pursuant to the September 10, 2002 court order in the Felix v. Lingle, Civil No. 93-00367 DAE, and the third report subsequent to the April 2004 court order finding the State in substantial compliance with terms of the consent decree. It covers the first quarter of fiscal year 2004 (July 2004–September 2004) and includes the most recent data available regarding the services to youth with special needs in Hawaii.

Integrated Monitoring: Guiding System Transformation for Improved Outcomes for Children

The State of Hawaii, Departments of Health and Education, in response to the Felix Consent Decree and in accordance with their commitment to improving mental health and educational outcomes for children and youth, conduct a unique joint integrated monitoring system. It provides a means for systematic review of data and issues impacting system performance. The unique features of the Hawaii integrated monitoring system are its statewide scope, its interagency commitments, and its model that spans from the child level to the system level. The process was developed to allow the Departments to continually examine performance in maintaining the following:

“(133) A sustainable system of education for children with special needs must include the following four components:

(134) The system must continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently

(135) The system must be able to continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.

(136) The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived

from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.

(137) The system must be able to ensure teachers, therapists, and other support staff to continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.”

(Revised Felix Consent Decree, July 31, 2000, page 20)

System monitoring and improvements are driven by decisions made as the result of outcome driven quality assurance practices. Previous performance data is available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

Growth of a System of Care

As this fiscal year unfolds, the process of continued integrated performance monitoring builds upon the foundation established in previous years. Efforts continue to collaboratively provide effective mental health, school-based behavioral health, and educational services to students in need of such services in a manner proscribed in the Report of the President’s New Freedom Commission on Mental Health (Achieving the Promise: Transforming Mental Health Care in America), April 2003, <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>.

Summary of Overall Performance

The departments continue to meet or surpass most system infrastructure and performance measures. Initial review of Internal Reviews conducted in October indicate sustained achievement of complexes in assuring students are doing well, and services are effective. The use of data management systems to provide information for program improvement activities and resource distribution continues to be a core system practice and has proven to be an important part of sustaining acceptable and predictable system performance. Within the Department of Education (DOE) the availability of qualified teachers and School-Based Behavioral Health (SBBH) staff continues at or above September 2002 levels. Similarly, the timeliness of evaluations continues to improve over the past two years. The Child and Adolescent Mental Health Division has realized considerable success over time in meeting most of the indicators of system stability. It is carefully tracking trends in the area of filling positions, as vacancies have had recent impact on timeliness and quality in several areas. Assuring timely filling of vacancies will need to be a priority over the next quarter in order to continue achieving high performance.

The quarter saw that quality assurance practices at both the state and local level continue to be implemented across the State. The State-level Quality Assurance (QA) Committee began work on the initiatives identified through ongoing review of data and trends over the past year, including development of tools and training that will reinvigorate and refine local-level quality assurance practices. Additionally, the data have indicated that several system performance issues will benefit from improvement. These include review of youth in mainland treatment settings, including practices that result in placement

decisions, and transition planning at all levels. The State-level QA Committee also identified the need to engage other child-serving agencies and stakeholders in order to broaden representation and perspectives in this forum.

The following sections provide in depth information regarding current performance and trends relative to the many performance indicators developed and tracked by the Departments. Collectively, these indicators describe a strong system of care providing quality mental health and educational services to students in need of such services to achieve in school and in their communities. There are adequate numbers of trained professionals, distributed throughout the state, providing effective quality supports to children and youth. Appropriate services are provided in a timely and consistent manner.

Details regarding preliminary scores from internals conducted in October are available in the Internal Review section. Initial reports indicate that system performance in seven complexes continues to be satisfactory.

System Response

The system for statewide performance management and quality assurance practices continued its development in all areas as evidenced in the tracking of operational implementation. Work to improve system performance is a continuous process. The tracking of data affords enormous opportunity for identifying where improvements need to occur. Accountability measures and the commitment to results for student-oriented activities, which are targeted at activities closest to the student, school, and service delivery, has improved the Departments' ability to "detect and correct" system inefficiencies or performance difficulties. The added capacity to hone in on those areas requiring the most attention through performance measurement exists and is being successfully used.

The following identified priorities for this year are based upon the review of the last year's integrated performance reports, Quality Assurance practices, and performance indicators.

- A review of current and new placements of students in mainland placements to identify trends and target the development of programs and procedures to further reduce the frequency of students requiring mainland placements.
- An independent review of students in non-residential and out-of-home placements whose least restrictive educational environment is not a regular school campus.
- QA Committees are in place across the State in each of the districts. More comprehensive training for leaders will be initiated in Fall 2004. Continued nurturing and refinements to the growing system of interagency and community accountability are necessary.
- Integrated Internal Review processes and procedures in the area of report generation and alternate sample selection have been instituted and are being successfully used.

Report Format

Following this brief introductory overview, the report format is as follows. The second section reports on the results of Integrated Monitoring conducted by the DOE and DOH during the quarter. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth section contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.